

**APPLICATION FOR NEBRASKA EQUIPMENT DISTRIBUTION PROGRAM
TACTILE RING SIGNALER**

Please Print

APPLICANT'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE :(_____) _____

SOCIAL SECURITY #: _____ - _____ - _____

PROFESSIONAL CERTIFICATION

(to be completed by certifier)

In my capacity as a professional with experience in the evaluation of vision disabilities, I certify that, due to severe visual and hearing impairments, the above applicant could not benefit from the use of an audible or a visual ring signaler. However, the applicant may benefit from the use of a tactile ring signaler.

Please Print

NAME OF CERTIFIER: _____

TITLE: _____

NAME OF AGENCY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #: _____

STATE LICENSE #: _____

CERTIFIER'S SIGNATURE: _____

DATE: _____